A panel of experts at the National Cancer Institute warns that the word "cancer" is often misused, and that because not all cancers are alike, they recommend doctors change the way they diagnose, treat, and even talk about the disease.

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Transcript

Taking a Closer Look at the Word "Cancer"

BRIAN WILLIAMS, anchor:

Good evening. Tonight our lead story comes from the world of medicine. It’s about cancer and it’s about changing how we refer to it, changing our definition of it. In part, it’s about the minor stuff, the comparatively smaller things that are discovered during screenings, giving them different names, making them a lot less scary. A panel of this nation’s top doctors now says even the word cancer is often misused. They warn not all cancers are alike, not all are deadly, and so they shouldn’t be treated or talked about the same way. In plain English, they want to stop wasting time, money and worry and concentrate on what’s important. It’s where we begin here tonight with our Medical Editor Dr. Nancy Snyderman. This is important stuff.

DOCTOR NANCY SNYDERMAN, reporting:

It is. Good evening, Brian. For many in the cancer world today’s step is long overdue in making the diagnosis and treatment of cancer smarter and more cost effective. Turn the page of any dictionary, land on the letter C and find one of the most frightening words no one wants to hear, cancer. This one word carries a loaded and complex meaning for millions of Americans every year. A panel of experts advising the National Cancer Institute is recommending an about-face in the way doctors diagnose and treat some types of the disease that have little or no chance of being lethal. In fact, the group is even taking a closer look at what the word cancer means in some instances. For example, in women the diagnosis ductal carcinoma in situ is a non-lethal breast disease that should not be called cancer.

DOCTOR OTIS BRAWLEY (American Cancer Society): Whenever something is called carcinoma or cancer, people immediately want to act, and the reality is we should be watching them as opposed to aggressively treating.

DR. SNYDERMAN: Sixty-six-year-old Rue Harris wishes he had taken a more conservative approach to a possible prostate cancer diagnosis a few years ago. A high PSA level had him and his doctor worried he might have the disease which can be slow growing. Rue got a biopsy which came back normal but that process wasted his money, the health care system’s money, not to mention costing him lost time and...
anxiety.

RUE HARRIS: I spent that whole year between the first biopsy and the second biopsy preparing to die. I wasn’t enjoying living. I was scared of the possibility that I might have cancer, and that I would die.

DR. SNYDERMAN: The organs most over tested for cancer, this panel says, include thyroid, breast, prostate and lung.

DOCTOR OTIS BRAWLEY: Today’s announcement is hopefully a big step in a long process. Some of these lesions are not aggressive and actually don’t need to be treated and can be watched.

DR. SNYDERMAN: Will there be some pushback? You bet there will, but there is no smoking gun here. This is not an attempt to get insurance companies not to cover people. It’s to make our medical system work smarter for us, and the next thing I think, Brian, is we’re going to stop defining cancers by organ systems and recognize that cancer of the lung has some properties in common with other cancers like of the prostate and-- and ovary and start to treat them with regard to their genetics.

WILLIAMS: So it’s about language, yes, but also prioritizing in what’s become a test-crazy nation.

DR. SNYDERMAN: Exactly. I mean, if you start CT scanning and MRI-scanning everybody, you’re going to find things that don’t look normal but does that mean you should start then taking everything out and treating people? The answer is no. We know we waste one-third of our medical expenditures on things that aren’t worth chasing or aren’t worth treating, and, you know, what? We hurt people in the process so the smarter we make this, the better we make it.

WILLIAMS: That’s why today was so impactful. Nancy, thank you as always.